

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Academy of Nutrition and Dietetics Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW

Suite 480

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00143560

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul A Mifsud

Signature of Treasurer

Paul A Mifsud

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 09 / 01 / 2013 To: M M / D D / Y Y Y Y Y 09 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2013		240362.45
(b) Cash on Hand at Beginning of Reporting Period.....	256784.54	
(c) Total Receipts (from Line 19)	5078.84	102860.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	261863.38	343223.34
7. Total Disbursements (from Line 31)	17500.00	98859.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	244363.38	244363.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
09		01		2013

To:

M M	/	D D	/	Y Y Y Y Y Y
09		30		2013

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2651.67

25643.50

(ii) Unitemized

2427.17

76717.39

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

5078.84

102360.89

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

5078.84

102360.89

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

5078.84

102860.89

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

5078.84

102860.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	13559.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	13559.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	85150.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	150.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17500.00	98859.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	98859.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5078.84	102360.89
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5078.84	102210.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	13559.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	13559.96

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia Babjak

Mailing Address 120 S Riverside Plz
Ste 2000

City State Zip Code
Chicago IL 60606-6995

FEC ID number of contributing
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2013

Transaction ID : A5F3BC6244592427E99C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Ethan A Bergman

Mailing Address 1010 E 3rd Ave

City State Zip Code
Ellensburg WA 98926-3523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Washington University

Occupation

Associate Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

09 / 14 / 2013

Transaction ID : A43DCC7E2301B4E3D8CF

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. Catherine W Christie

Mailing Address 10168 Bishop Lake Rd W

City State Zip Code
Jacksonville FL 32256-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Of Florida

Occupation

Associate Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2013

Transaction ID : A0A40EA93E25A4679AEF

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roberta A Cooper-Meyer

Mailing Address 1208 knollwood Rd

City

Deerfield

State

IL

Zip Code

60015-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/a @ Present

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2013

Transaction ID : AEEA25173941C4976863

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Roberta A Cooper-Meyer

Mailing Address 1208 knollwood Rd

City

Deerfield

State

IL

Zip Code

60015-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/a @ Present

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2013

Transaction ID : A5929246CFD464439A37

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Connie B Diekman

Mailing Address 344 Elm Valley Dr

City

Saint Louis

State

MO

Zip Code

63119-4572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University in St.Louis

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 14 / 2013

Transaction ID : AB8BEBFC98EC24F239D1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Becky Dörner

Mailing Address 14656 Glen Eden Dr

City

Naples

State

FL

Zip Code

34110-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.49

Date of Receipt

09 / 29 / 2013

Transaction ID : A5CBED06482A84F3581F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Trisha Fuhrman

Mailing Address 1932 Prospector Ridge Dr

City

Ballwin

State

MO

Zip Code

63011-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Malnutrition Antagonists

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

09 / 30 / 2013

Transaction ID : A15C2CE8FD8554B6585B

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Jessica A Larson

Mailing Address 2440 16th St NW
Apt 512

City

Washington

State

DC

Zip Code

20009-3566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2013

Transaction ID : A9FB16545476740B7898

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

485.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul A Mifsud

Mailing Address Suite 2000

120 S Riverside Plz

City

Chicago

State

IL

Zip Code

60606-6995

FEC ID number of contributing
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

09 / 30 / 2013

Transaction ID : ADEAB8E18909247978BA

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mary Lynn Moore

Mailing Address 4083 Grand Gulf Rd

City

Port Gibson

State

MS

Zip Code

39150-4315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nutrition Systems

Occupation

Rd

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.49

Date of Receipt

09 / 14 / 2013

Transaction ID : A13F2593F25FC48888EA

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Linda G Roberts

Mailing Address 27W234 Warrenville Ave

City

Wheaton

State

IL

Zip Code

60189-7846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linda Roberts & Associates

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.49

Date of Receipt

09 / 29 / 2013

Transaction ID : ADABC3FB8DB884789914

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pepin Tuma

Mailing Address 1314 Rhode Island Ave NW
Apt 3

City Washington State DC Zip Code 20005-3710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Director, Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : A1BAE215D3B804BB6B0E

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

41.67

2651.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara Lee for CongressMailing Address 449 15th Street, NW
Suite 403

City Oakland State CA Zip Code 94612-2831

Purpose of Disbursement
Barbara Lee [CA-13-D]

Candidate Name

Rep. Barbara J. LeeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : B86C16057D6D44EE49EA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bonamici for Congress

Mailing Address 13575 SW Millikan Way

City Beaverton State OR Zip Code 97005

Purpose of Disbursement
Suzanne Bonamici [OR-01-D]

Candidate Name

Rep. Suzanne BonamiciOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : B99386087F5B74827A13

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Diana DeGette for CongressMailing Address DIANA DEGETTE FOR CONGRESS INC
P.O. Box 61337

City Denver State CO Zip Code 80206-8337

Purpose of Disbursement
Diana DeGette [CO-01-D]

Candidate Name

Rep. Diana DeGetteOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : BEF846771E58445C69AE

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 6116

City	State	Zip Code
LA QUINTA	CA	92248

Purpose of Disbursement
Rep. Raul Ruiz [CA-36-D]

Candidate Name

Rep. Raul RuizOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : B4CD1522062DE486AA70

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 59568

City	State	Zip Code
SCHAUMBURG	IL	60159

Purpose of Disbursement
Tammy Duckworth [IL-08-D]

Candidate Name

Tammy L DuckworthOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : BC1AEB9D67723437ABD1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Rosa DeLauroMailing Address Friends of Rosa DeLauro
12 Trumbull Street

City	State	Zip Code
New Haven	CT	06511

Purpose of Disbursement
Rosa DeLauro [CT-03-D]

Candidate Name

Rep. Rosa L. DeLauroOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : B37208A53178A4C8A9B4

Amount of Each Disbursement this Period

1260.45

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3260.45

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Rosa DeLauroMailing Address Friends of Rosa DeLauro
12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement
Rosa DeLauro [CT-03-D]

Candidate Name

Rep. Rosa L. DeLauroOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : B8AE0F8A203CE4DC197E

Amount of Each Disbursement this Period

2739.55

Full Name (Last, First, Middle Initial)

B. Friends of Sherrod BrownMailing Address Friends of Sherrod Brown
PO Box 15293

City Washington State DC Zip Code 20003-0293

Purpose of Disbursement
Sen. Sherrod Brown [OH-D]

Candidate Name

Sen. Sherrod C. BrownOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : B538591C90F13434FBFC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOE KENNEDY FOR CONGRESS

Mailing Address PO BOX 590464

City NEWTON State MA Zip Code 02459

Purpose of Disbursement
Rep. Joe Kennedy III [MA-04-D]

Candidate Name

Rep. Joseph P. Kennedy IIIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : B4DD4278E578F434C864

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4739.55

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kay Granger Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Mailing Address **KAY GRANGER CAMPAIGN FUND**
910 Houston Street Suite 105-CCity **Fort Worth** State **TX** Zip Code **76102-6229**Purpose of Disbursement
Rep. Kay Granger [TX-12-R]

Candidate Name

Rep. Kay M. GrangerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼State: **TX** District: **12**Category/
Type**Transaction ID : B6F543DCA85A34C05A43**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. KUSTER FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Mailing Address **P.O. BOX 1498**City **CONCORD** State **NH** Zip Code **03302**Purpose of Disbursement
Ann Kuster [NH-02-D]

Candidate Name

Rep. Ann McLane KusterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼State: **NH** District: **02**Category/
Type**Transaction ID : BA897BB7F4ACC40D28A9**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LOEBSACK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Mailing Address **PO BOX 3013**City **IOWA CITY** State **IA** Zip Code **52244**Purpose of Disbursement
Rep. Dave Loebsack [IA-02-D]

Candidate Name

Rep. Dave W. LoebsackOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼State: **IA** District: **02**Category/
Type**Transaction ID : B4E6818055D37438292B**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nita Lowey for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Mailing Address NITA LOWEY FOR CONGRESS
PO Box 271

City White Plains State NY Zip Code 10605-0271

Purpose of Disbursement
Nita Lowey [NY-17-D]

Candidate Name

Rep. Nita M. LoweyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 17

Category/
Type**Transaction ID : B2F26FC2C781B4AC88AB**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peterson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Mailing Address 26192 Floyd Lake Point Road

City Detroit Lakes State MN Zip Code 56501-7607

Purpose of Disbursement
Rep. Collin Peterson [MN-07-DFL]

Candidate Name

Rep. Collin C. PetersonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 07

Category/
Type**Transaction ID : BAAD506D5BB8944BEA1E**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Tiberi for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Mailing Address 2931 E Dublin Granville Road
Ste 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Rep. Pat Tiberi [OH-12-R]

Candidate Name

Rep. Patrick J. TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Category/
Type**Transaction ID : B3B81EAC29C36411E9DA**

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Walz for US Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Mailing Address PO Box 938

City	State	Zip Code
Mankato	MN	56002-0938

Purpose of Disbursement
Tim Walz [MN-01-D]

Candidate Name

Rep. Tim J. WalzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

Category/
Type**Transaction ID : B3F21E16451C64A0D937**

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

17500.00
